

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO 470)**

SERIAL NO

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	INO.	OCF.	INO.	OCF.	INO.	OCF.
1	1					
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16	1					
17						
18						
19						
20	1					
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35	1					
36						
37						
38						
39						
40						
41	1					
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL INO.	6					
TOTAL OCF.	36					
TOTAL	42					

	INO.	OCF.	INO.	OCF.	INO.	OCF.
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL INO.						
TOTAL OCF.						
TOTAL						